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| DATE: | APR 01 2004 | |
| PTO IDENTIFIER: | Application Number 10/730,891-Conf. #5178 Patent Number | |
| Inventor: | Ying Zhang et al. | |
| MESSAGE TO: | US Patent and Trademark Office | |
| FAX NUMBER: | (703) 872-9306 | |
| FROM: | CONNOLLY BOVE LODGE & HUTZ LLP Matthew J. Mason | |
| PHONE: | (202) 331-7111 | |
| Attorney Dkt. #: | 20140-00317-US | |
| PAGES (Including Cover Sheet): | 11 | |
| CONTENTS: | Transmittal; Fee transmittal; Declaration 3 pages; Associate power of attorney 2 pages; Copy of Notice to File Missing Parts; and Certificate of fax transmission; Authorization to charge deposit account \$130.00 late declaration fee | |
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PTO/SB/97 (12-97)

Approved for use through 8/30/00. OMB 0651-0031

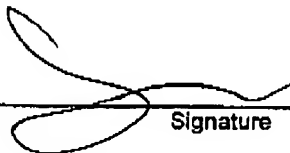
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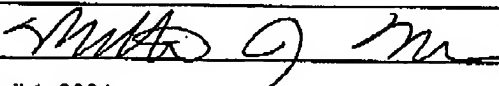
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| | | | |
|--|----------------------|------------------------|----------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 10/730,891-Conf. #5178 | |
| | Filing Date | December 10, 2003 | |
| | First Named Inventor | Ying Zhang | |
| | Art Unit | 2811 | |
| | Examiner Name | Not Yet Assigned | |
| Total Number of Pages in This Submission | 1 | Attorney Docket Number | 20140-00317-US |

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APR 01 2004

| ENCLOSURES (check all that apply) | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 (Declaration and Fees) | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address (Associate POA) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <div style="border: 1px solid black; padding: 5px; width: 150px; float: left; margin-bottom: 5px;">Remarks</div> | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm or Individual name | CONNOLLY BOVE LODGE & HUTZ LLP Matthew J. Mason - 44,904 | |
| Signature |  | |
| Date | April 1, 2004 | |

PTO/SB/17 (10-03)
Approved for use through 7/31/2006. OMB 0851-0032
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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

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|--------------------------------|--|------|--|--------|--|
| TOTAL AMOUNT OF PAYMENT | | (\$) | | 130.00 | |
|--------------------------------|--|------|--|--------|--|

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|--------------------------|------------------------|
| Complete if Known | |
| Application Number | 10/730,891-Conf. #5178 |
| Filing Date | December 10, 2003 |
| First Named Inventor | Ying Zhang |
| Examiner Name | Not Yet Assigned |
| Art Unit | 2811 |
| Attorney Docket No. | 20140-00317-US |

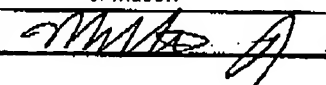
| | | | |
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| METHOD OF PAYMENT (check all that apply) | | FEE CALCULATION (continued) | |
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card | 3. ADDITIONAL FEES | |
| <input checked="" type="checkbox"/> Depos & Account: | | | |
| Deposit Account Number | 50-0510 | | |
| Deposit Account Name | IBM CORPORATION (YORKTOWN) | | |
| The Director is authorized to: (check all that apply) | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input checked="" type="checkbox"/> Credit any overpayments | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) | | | |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | | |

| FEE CALCULATION | | | | | |
|---------------------|----------|--------------|----------|------------------------|----------|
| 1. BASIC FILING FEE | | | | | |
| Large Entity | | Small Entity | | Fee Description | Fee Paid |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | |
| 1001 | 770 | 2001 | 385 | Utility filing fee | |
| 1002 | 340 | 2002 | 170 | Design filing fee | |
| 1003 | 530 | 2003 | 265 | Plant filing fee | |
| 1004 | 770 | 2004 | 385 | Reissue filing fee | |
| 1005 | 180 | 2006 | 80 | Provisional filing fee | |
| SUBTOTAL (1) | | | | (\$) | 0.00 |

| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | | | | |
|---|----------|--------------|----------|--|----------|
| Total Claims | | Extra Claims | | Fee from below | |
| Independent Claims | | | | | |
| Multiple Dependent | | | | | |
| Large Entity | | Small Entity | | Fee Description | Fee Paid |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | |
| 1202 | 18 | 2202 | 9 | Claims in excess of 20 | |
| 1201 | 96 | 2201 | 43 | Independent claims in excess of 3 | |
| 1203 | 290 | 2203 | 145 | Multiple dependent claim, if not paid | |
| 1204 | 86 | 2204 | 43 | ** Reissue independent claims over original patent | |
| 1205 | 18 | 2205 | 9 | ** Reissue claims in excess of 20 and over original patent | |
| SUBTOTAL (2) | | | | (\$) | 0.00 |

| | | |
|-----------------------------------|--|-------------|
| Other fee (specify) | | |
| *Reduced by Basic Filing Fee Paid | | |
| SUBTOTAL (3) | | (\$) 130.00 |

***or number previously paid, if greater. For Reissues, see above*

| | | | |
|---------------------|---|-----------------------------------|----------------|
| SUBMITTED BY | | (Complete if applicable) | |
| Name (Print/Type) | Matthew J. Mason | Registration No. (Attorney/Agent) | 44,904 |
| Signature |  | Telephone | (202) 331-7111 |
| | | Date | April 1, 2004 |